

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
 Akiyoshi AOYAGI  
 Serial No: 10/719,888  
 Confirmation No: 1432  
 Filed: November 21, 2003  
 For: Semiconductor Device, Its Manufacturing Method and  
 Electronic Device



Art Unit: 2814  
 Examiner: Rao, Shrinivas H.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:	
Mail Stop Amendment	
Commissioner for Patents	
P.O. Box 1450	
Alexandria, VA 22313-1450, on	
April 19, 2005	
Date of Deposit	Juanita Soberanis
Name	<i>Juanita Soberanis</i>
Signature	04/19/2005
Date	

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- Amendment.  
 Return Postcard.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	18	-	20	**	LG=\$50 SM=\$25	\$0
INDEPENDENT CLAIMS FEE	2	-	3	***	LG=\$200 SM=\$100	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$0
					<b>TOTAL</b>	<b>\$ 0</b>

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
 HOGAN & HARTSON L.L.P.

By:

*Troy M. Schmerzer*  
 Troy M. Schmerzer  
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 Attorney for Applicant(s)

Date: April 19, 2005

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Appl. No. 10/719,888  
Amtd. Dated April 19, 2005  
Reply to Office Action of February 8, 2005



Attorney Docket No. 81754.0101  
Customer No.: 26021

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**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated February 8, 2005, please amend this application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.